Announced Focused Inspection Report: Independent Healthcare

Service: Cosmedicare, Edinburgh  
Service Provider: Cosmedicare UK Ltd

25 June 2021
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

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Healthcare Improvement Scotland Announced Focused Inspection Report
Cosmedicare, Cosmedicare UK Ltd: 25 June 2021
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1 A summary of our inspection

We carried out an announced inspection to Cosmedicare on Friday 25 June 2021. The purpose of the inspection was to make sure the service was delivering care safely to patients, in light of the COVID-19 pandemic. We reviewed the service’s infection prevention and control policies and procedures, and spoke with a number of staff during the inspection. This was our first inspection to this service.

The inspection team was made up of two inspectors.

We did not request a self-evaluation from the service before the inspection.

What we found and inspection grades awarded

For Cosmedicare, the following grade has been applied to the key quality indicator inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
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Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx
What action we expect Cosmedicare UK Ltd to take after our inspection

This inspection resulted in three recommendations (see Appendix 1).

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: [www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

We would like to thank all staff at Cosmedicare for their assistance during the inspection.
2 What we found during our inspection

Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

The service had introduced measures to minimise the transmission of COVID-19 between patients and staff. The environment and patient equipment were clean. The service’s infection prevention and control audit programme should continue to be developed. Current national guidance should be followed about the type of cleaning products used in higher risk areas. COVID-19 screening should be repeated for all patients when they arrive at the clinic.

The service’s management team met every month. We saw an example of the minutes of these meetings where COVID-19 was discussed, such as current guidance and the information given to patients. The service’s infection prevention and control policy had been updated to reflect the current COVID-19 pandemic.

We saw the service’s risk register highlighted what actions had been taken to reduce the risk of transmission of COVID-19. A general staff risk assessment and individual staff COVID-19 risk assessments detailed actions taken for staff at increased risk from the virus.

Staff were encouraged to carry out COVID-19 testing twice a week. If they returned a positive test, they were encouraged to self-isolate, book a full COVID-19 test through the NHS and follow current guidance.

Entry to the clinic had been restricted with only one patient allowed in the reception area at a time. Posters and signage promoted social distancing.
Patients attending for surgical procedures had to have a negative COVID-19 test before being allowed to enter the clinic. If the patient’s result was positive, they were encouraged to attend for a full COVID-19 test through the NHS and their procedure was postponed. We saw that patients also had a COVID-19 risk assessment completed when they arrived at the service.

The environment was clean and tidy and in a good state of repair. Equipment was also clean and in a good state of repair. We were told the service had increased the frequency of cleaning taking place. This now included cleaning patient consultation rooms between appointments.

Hand hygiene facilities were available, including alcohol-based hand rub at the entrance and throughout the clinic. Staff told us they actively encouraged patients to use this to promote good hand hygiene. Wash hand basins were also available with soap and hand towels. However, we noted the wash hand basins were not compliant with current guidance. We were told the service planned to replace these as part of refurbishment programme. We saw staff carrying out hand hygiene appropriately.

Personal protective equipment including gloves, aprons and face masks was available. We saw good compliance with the use of face masks during the inspection. Personal protective equipment was being appropriately disposed of in the clinical waste stream.

Clinical staff changed into disposable scrub uniforms when they arrived at the clinic.

Appropriate ventilation systems were in place in the clinical areas, such as the theatre and recovery rooms.

Toilet facilities were shared between staff and patients and processes were in place to ensure they were cleaned after use.

The service was in the process of transferring to an electronic patient care record keeping system. We reviewed five patient care records. We saw that each one contained a COVID-19 risk assessment and signed consent forms that covered the risks of having elective procedures during the current pandemic. We also saw examples of COVID-19 risks documented in the patient’s initial consultation and an example of the specific aftercare information given to patients about COVID-19.
What needs to improve

Whilst a procedure was in place for repeating surgical patients’ COVID-19 screening assessment when they arrived for their procedure, this had not been introduced for other patients arriving for minor treatments (recommendation a).

Detergent wipes were being used for cleaning surfaces between patients and also for general cleaning throughout the day. While detergent wipes are satisfactory for cleaning general clinical areas, current national guidance states that higher risk areas, such as the surfaces and equipment in theatres, should be cleaned with both detergent and disinfectant products (recommendation b).

The service was not currently carrying out any infection prevention and control audits. The manager had recently developed an audit template, and we were told that audits would be carried out soon. These audits will help the service monitor compliance with standard infection control precautions including hand hygiene practice, management of personal protective equipment and environmental cleanliness standards (recommendation c).

We discussed with the service the benefit of developing links with its local NHS board health protection team. This would help to access direct public health advice and information to help manage any issues in the service relating to COVID-19.

■ No requirements.

**Recommendation a**

■ The service should follow current national guidance for repeating COVID-19 screening assessments for all patient appointments.

**Recommendation b**

■ The service should follow current national guidance about the use of detergent and disinfectant cleaning products for higher risk areas in the service.

**Recommendation c**

■ The service should continue to develop and implement its programme of audits to cover key aspects of care, treatment and patient outcomes. Audits should be documented and improvement action plans implemented.
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement**: A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation**: A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<tbody>
<tr>
<td><strong>Recommendations</strong></td>
<td></td>
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| a | The service should follow current national guidance for repeating COVID-19 screening assessments for all patient appointments (see page 8).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |
| b | The service should follow current national guidance about the use of detergent and disinfectant cleaning products for higher risk areas in the service (see page 8).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |
| c | The service should continue to develop and implement its programme of audits to cover key aspects of care, treatment and patient outcomes. Audits should be documented and improvement action plans implemented (see page 8).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |
Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections
Independent healthcare services submit an annual return and self-evaluation to us.
We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

During inspections
We use inspection tools to help us assess the service.
Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.
We give feedback to the service at the end of the inspection.

After inspections
We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org
We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.
We check progress against the improvement action plan.

More information about our approach can be found on our website: www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot